

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							66						
7							67						
8							68						
9							69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	10						TOTAL NO.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL							TOTAL						

27